

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Senate Conservatives Action		FEC IDENTIFICATION NUMBER ▼ C C00524181	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Envision Marketing			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 07 / 2016		
Mailing Address 148 Graves Mill Road			Amount 4847.50		
City Lynchburg	State VA	Zip Code 24502-4202	Transaction ID : E0B19F8C8E5B340C086A		
Purpose of Expenditure IE-Glenn-Direct Mail Production		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 09 / 07 / 2016		
Name of Federal Candidate Glenn, Darryl, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO		
Calendar Year-To-Date Per Election for Office Sought		4847.50	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Envision Marketing			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2016		
Mailing Address 148 Graves Mill Road			Amount 4210.56		
City Lynchburg	State VA	Zip Code 24502-4202	Transaction ID : E7E87FEACE52B40E79A8		
Purpose of Expenditure IE-Glenn-Direct Mail Production		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 09 / 27 / 2016		
Name of Federal Candidate Glenn, Darryl, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO		
Calendar Year-To-Date Per Election for Office Sought		9058.06	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	9058.06
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Kilgore, Paul, , ,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 12 / 2016

Signature

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(Schedule E)PAGE 2 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Senate Conservatives Action		FEC IDENTIFICATION NUMBER ▼ C C00524181	
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Full Name of Payee Envision Marketing		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 11 / 2016	
Mailing Address 148 Graves Mill Road		Amount 2794.37	
City Lynchburg	State VA	Zip Code 24502-4202	Transaction ID : EFB79AFC0AFE54E92A7C Date of Disbursement or Obligation MM / DD / YYYY 10 / 11 / 2016
Purpose of Expenditure IE-Glenn-Direct Mail Production		Category/Type	
Name of Federal Candidate Glenn, Darryl, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO
Calendar Year-To-Date Per Election for Office Sought		11852.43	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure		Category/Type	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2794.37
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	11852.43

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Kilgore, Paul, , ,**[Electronically Filed]*

Date

MM / DD / YYYY
10 / 12 / 2016

Signature